Early Head Start Individualization Goals

Center/Classroom: Teachers: Check Point Period:

Child's Name	**Individualized Goal**-*Goals are completed after each checkpoint period. If goal is not completed, please repeat goal.*	**Activity to Support Goal**	Achieved	Date Achieved
	Fall:			
	Winter:			
	Spring:			
	Summer			
	Fall:			
	Winter:			
	Spring:			
	Summer:			
	Fall:			
	Winter:			
	Spring:			
	Summer:			
	Fall:			
	Winter:			
	Spring:			
	Summer:			
	Fall:			
	Winter:			
	Spring:			
	Summer:			

Please use the following key for when a child is no longer in your classroom. *T=Transferred* *W=Withdrew* *Updated: 7/2026*
This form is to be sent to the Education Team, eduteam@ceoempowers.org and your Center Manager when checkpoints are due.

Early Head Start Individualization Goals

Center/Classroom: Teachers: Check Point Period:

Child's Name	**Individualized Goal**-*Goals are completed after each checkpoint period. If goal is not completed, please repeat goal.*	**Activity to Support Goal**	Achieved	Date Achieved
	Fall:			
	Winter:			
	Spring:			
	Summer			
	Fall:			
	Winter:			
	Spring:			
	Summer:			
	Fall:			
	Winter:			
	Spring:			
	Summer:			
	Fall:			
	Winter:			
	Spring:			
	Summer:			
	Fall:			
	Winter:			
	Spring:			
	Summer:			

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Early Head Start Individualization Goals

Center/Classroom: Teachers: School Year:

Child's Name	**Individualized Goal**-*Goals are completed after each checkpoint period. If goal is not completed, please repeat goal.*	**Activity to Support Goal**	Achieved	Date Achieved
	Fall:			
	Winter:			
	Spring:			
	Summer			
	Fall:			
	Winter:			
	Spring:			
	Summer:			
	Fall:			
	Winter:			
	Spring:			
	Summer:			
	Fall:			
	Winter:			
	Spring:			
	Summer:			
	Fall:			
	Winter:			
	Spring:			
	Summer:			

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